

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395241	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/26/2025
NAME OF PROVIDER OR SUPPLIER Hilltop Healthcare and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 700 S. Cayuga Avenue Altoona, PA 16602	

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p>Based on review of facility policies and clinical records, as well as staff interviews, it was determined that the facility failed to ensure that physician orders were written and followed for one of six residents reviewed (Resident 2). Findings include: A facility policy for physician's orders, dated July 31, 2025, revealed that verbal orders are given to the nurse by the physician in person or by telephone; however, they are not written by the physician in the medical record. Verbal orders are to be followed through by making appropriate notification. An admission Minimum Data Set (MDS) assessment (a mandated assessment of a resident's abilities and care needs) for Resident 2, dated June 16, 2025, revealed that the resident was understood and could understand others, was cognitively intact and required assistance with daily care needs. A pharmacist recommendation for Resident 2, dated June 18 2025, reviewed and signed by the physician on June 19, 2025, revealed that aspirin and famotidine were to be discontinued. There was no documented evidence in Resident 2's clinical record to indicate that the aspirin and famotidine were discontinued as ordered. Interview with the Director of Nursing on August 26, 2025, at 12:57 p.m. revealed that Resident 2's orders for aspirin and famotidine were not discontinued and they should have been.</p>

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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